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PATENT APPLICATION FEE DETERMINATION RECORD Substitute for Form PTO-875								Application or Docket Number 10/040,174			ing Date 02/2002	To be Mailed
APPLICATION AS FILED - PART I (Column 1) (Column 2)								OTHER THAN SMALL ENTITY OR SMALL ENTITY				
	FOR	N	UMBER FILED		NUMBER EXTRA			RATE (\$)	FEE (\$)		RATE (\$)	FEE (\$)
	BASIC FEE (37 CFR 1.16(a), (b),	or (c))	N/A		N/A			N/A			N/A	
	SEARCH FEE (37 CFR 1.16(k), (i), (i	or (m))	N/A		N/A			N/A			N/A	
	EXAMINATION FE (37 CFR 1.16(o), (p),		N/A		N/A			N/A			N/A	
	TAL CLAIMS CFR 1.18(i))		minus 20 =		•			x \$ =		OR	x \$ =	
	DEPENDENT CLAIM CFR 1.16(h))	S	minus 3 =		•			X \$ =			x \$ =	
	APPLICATION SIZE (37 CFR 1.16(s))	FEE shee is \$2 addit	If the specification and sheets of paper, the ap is \$250 (\$125 for small additional 50 sheets or 35 U.S.C. 41(a)(1)(G) a			pplication size fee due Il entity) for each r fraction thereof. See						
MULTIPLE DEPENDENT CLAIM PRESENT (37 CFR 1.16(j))												
* If the difference in column 1 is less than zero, enter "0" in column 2.											TOTAL	-142
APPLICATION AS AMENDED - PART II (Column 1) (Column 2) (Column 3)									L ENTITY	or		ER THAN ALL ENTITY
AMENDMENT	11/15/2006	CLAIMS REMAINING AFTER AMENDMENT		HIGHEST NUMBER PREVIOUSLY PAID FOR		PRESENT EXTRA		RATE (\$)	ADDITIONAL FEE (\$)		RATE (\$)	ADDITIONAL FEE (\$)
	Total (37 CFR 1.18(i))	• 20	Minus	 21		= 0		x \$ =		OR	X \$50=	0
	Independent (37 CFR 1.18(h))	• 4	Minus	4		= 0		x \$ =		OR	X \$200=	0
Ĭ	Application Size Fee (37 CFR 1.16(s))											
	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM (37 CFR 1.16(j))									OR		·
								TOTAL ADD'L FEE		OR	TOTAL ADD'L FEE	0
(Column 1) (Column 2) (Column 3)												
ENT	10/040174	CLAIMS REMAINING AFTER AMENDMENT		HIGHE NUMB PREVIOI PAID F	ER USLY	PRESENT EXTRA		RATE (\$)	ADDITIONAL FEE (\$)		RATE (\$)	ADDITIONAL FEE (\$)
	Total (37 CFR 1,16(i))	.20	Minus	. J		=		x \$ =	•	OR	X \$ =	
_	Independent (37 CFR 1.16(h))	• 4	Minus	···	I	=		x \$ =		OR	X \$ · =	
AMENDA	Application Size Fee (37 CFR 1.16(s))											
AM	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM (37 CFR 1.18(j))									OR		
• 11	• If the entry in column 1 is less than the entry in column 2, write "0" in column 3.								nstrument Fr	OR	TOTAL ADD'L FEE	
* If the entry in column 1 is less than the entry in column 2, write "U" in column 3. ** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20". *** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3". The "Highest Number Previously Paid For" (Total or Independent) is the highest number found in the appropriate box in column 1.												

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